

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

6739-62-024693
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

FILED JUL 12 1962

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)

Inside Limits

HOSPITAL OR INSTITUTION

Homer G. Phillips

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Illinois b. COUNTY St. Clair

c. CITY OR TOWN Centreville City

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

408 Jefferson Street

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First

Middle

Last

Ben

Hailey

4. DATE OF DEATH

Month

Day

Year

7

5

62

5. SEX

Male

6. COLOR OR RACE

Negro

7. Married

Widowed ☒

8. DATE OF BIRTH

3/6/1882

9. AGE (last birthday)

80

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10b. KIND OF BUSINESS OR INDUSTRY

Aluminum Ore Co.

11. BIRTHPLACE (City and state or country)

Jackson, Tennessee

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Mose Hailey

13b. MOTHER'S MAIDEN NAME

Catherine (Unknown)

14. NAME OF HUSBAND OR WIFE

Helen Hailey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Helen Hailey, 408 Jefferson, Centreville, Ill.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Pneumonia

INTERVAL BETWEEN ONSET AND DEATH

Undet.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Pyelonephritis

Undet.

DUE TO (c)

600.0

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 5-31-62 to 7-5-62 and last saw him alive on 7-5-62

Death occurred at 9:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

2601 N. Whittier Ave.

22c. DATE SIGNED

7-6-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

7/11/62

23c. NAME OF CEMETERY OR CREMATORY

Sunset Gardens of Memory

23d. LOCATION (City, town, or county)

Stookey Township, Illinois

24. FUNERAL DIRECTOR

2114 Missouri Avenue

East St. Louis, Ill.

25. DATE RECD. BY LOCAL REG.

JUL 9 1962

26. REGISTRAR'S SIGNATURE

Handwritten signature

USE BLACK INK

OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Marionette Offner

Licensed Embalmer No. 5177

P. O. Address East St. Louis, Ill.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.